

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	KSD		2/12/01
FORMALITY REVIEW	JM	50660	2/24/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date				
Final	Original	10	2	01	08
1	✓	17	26	22	26
2	✓	01	02	03	04
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Claim	Date				
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If more than 150 claims or 10 actions  
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